

**Cell: A8****Comment:** Contact Information

This information is what your agency has on file with the Department of Health and Senior Services, Bureau of Home Care and Rehab Standards. Changes cannot be made on this form. If any items are incorrect, you must contact the bureau directly to update your agency information. You may contact the Bureau at:

Missouri Department of Health and Senior Services  
Bureau of Home Care and Rehabilitative Standards P.O. Box 570  
912 Wildwood Drive  
Jefferson City, Missouri 65102  
573-751-6336

**Cell: A32****Comment:** Starting census

Enter the number of patients in each pay source category listed as of January 1 of the survey year. Private insurance category includes patients with either per visit or per diem private insurance coverage.

**Cell: A33****Comment:** Total yearly admissions

Enter the number of patients admitted for the period January 1 - December 31 in each pay source category.

**Cell: A34****Comment:** Total patients served (1 & 2)

This item is now automatically calculated for the user. The columns are the sum of starting census (1) and total yearly number of admissions (2).

**Cell: A39****Comment:** Total patient days (per diem only)

Count only per diem days in each of the four types of days. Patients whose pay source pays for the hospice by the visit should not be included in this category.

**Cell: E42****Comment:** Mean

The Mean (or average) length of stay is the sum of the individual length of stay for each patient discharged in a given time period, divided by the number of patients discharged. Calculate length of stay for all patients who died or were discharged alive (discharge, transfer, revocation) during the calendar year. Count all days from the day of admission through day of discharge, even if the admission date was in the prior year.

For example:

Eight patients are discharged. Patient A was on service for 9 days, Patient B for 130 days, Patient C for 12 days, Patient D for 32 days, Patient E for 16 days, Patient F for 3 days, Patient G for 17 days and Patient H for 48 days.

Add the total days and divide by 8.

$(9+130+12+32+16+3+17+48) = 267$   
267 divided by 8 = 33.4 days mean length of stay

**Cell: F42**

**Comment:** Median

The Median length of stay is the central number when the individual length of stay are arranged from shortest to longest. If there are an even number of patients discharged in a given time period, the median is the value halfway between the two central numbers. Calculate length of stay for all patients who died or were discharged alive (discharge, transfer, revocation) during the calendar year. Count all days from the day of admission through day of discharge, even if the admission date was in the prior year.

For even number of patients example:

Eight patients are discharged. Patient A was on service for 9 days, Patient B for 130 days, Patient C for 12 days, Patient D for 32 days, Patient E for 16 days, Patient F for 3 days, Patient G for 17 days and Patient H for 48 days.

Arrange the length of stay from shortest to longest. 3 9 12 16 17 32 48 130

Because there is an even number of patients, average the two numbers in the middle of the sequence to find the median.  $(16 + 17) \div 2 = 16.5$  days is median length of stay

For odd number of patients example:

Seven patients are discharged. Patient A was on service for 9 days, Patient B for 130 days, Patient C for 12 days, Patient D for 32 days, Patient E for 16 days, Patient F for 3 days, and Patient G for 17 days.

Arrange the length of stay from shortest to longest. 3 9 12 16 17 32 130

Because there is an odd number of patients, select 16 as the median length of stay.

**Cell:** D43**Comment:** Over 6 Months:

Calculate length of stay for all patients who died or were discharged alive (discharge, transfer, revocation) during the calendar year. Count all days from the day of admission through day of discharge, even if the admission date was in the prior year. Example: patient admitted December 1, 2009 and discharged January 31, 2010 would have a length of stay of 62 days (31 for December + 31 for January). Report all patients for whom the length of stay is 182 days or longer.

**Cell:** A49**Comment:** Volunteer hours

Provide information regarding the total number of volunteer hours including administrative support or direct patient care activity. (Do not include training, orientation, or fund raising activity.) Enter total number of patients/volunteer hours then divide by percentage of staff patient care hours. Report this the same as for Medicare/Medicaid state surveys.

**Cell:** A53**Comment:** Admissions by age

List the number of patients according to age at the time of admission during the period.

**Cell:** A57**Comment:** Admissions by gender

List the number of patients according to gender.

**Cell:** A60**Comment:** Admissions by race/ethnicity

List the number of patients according to race/ethnicity.

**Cell:** A70

**Comment:** Number of admissions by diagnosis

List the total number of clients served during the year in each diagnosis category. Only one diagnosis per patient is needed. **ICD 9 prior to October 1, 2015. ICD 10 October 1, 2015-December 31, 2015 for new admissions only.**

**Cell:** A72

**Comment:** Cancer

Suggested ICD-9 Codes

140.0-239.0

Suggested ICD-10 Codes

Neoplasms (C00-D49)

**Cell:** A73

**Comment:** Heart

Suggested ICD-9 Codes

428.0 428.1 428.9

Suggested ICD-10 Codes

Diseases of the circulatory system (I00-I99)

**Cell:** A74

**Comment:** Alzheimers (only)

Suggested ICD-9 Codes

3310

Suggested ICD-10 Codes

G30.0 G30.1 G30.8 G30.9

**Cell:** A75

**Comment:** Lung

Suggested ICD-9 Codes

There are no ICD-9 code(s) for end stage pulmonary disease. Diagnoses for pulmonary disease, which leads to end stage pulmonary disease will be accepted.

Suggested ICD-10 Codes

Diseases of the respiratory system (J00-J99)

**Cell:** A76

**Comment:** Kidney

Suggested ICD-9 Codes

584.5-584.9 585 586

Suggested ICD-10 Codes

Diseases of the genitourinary system (N00.0-N29)

**Cell:** A77

**Comment:** Liver

Suggested ICD-9 Codes

155.0 571.2 571.40-571.49 571.5 571.6 572.2 572.4 573.3

Suggested ICD-10 Codes

Diseases of the digestive system (K70.2-K77)

**Cell:** A78

**Comment:** HIV

Suggested ICD-9 Codes  
042

Suggested ICD-10 Codes  
Certain infectious and parasitic diseases (B20)

**Cell:** A79

**Comment:** Stroke

Suggested ICD-9 Codes

430 431 432.0-432.9 433.1 433.11 433.21 433.31 433.81 433.91 434.01 434.11 434.91 436  
780.01 850.4 851.05 851.15 851.25 851.35 851.45 851.55 851.65 851.75 851.85 851.95  
852.05 852.15 852.25 852.35 852.45 852.55 853.05 853.15 854.05 854.15 997.02

Suggested ICD-10 Codes

Diseases of the circulatory system (I60.0-I69.99 R40.20 S06 I97.811 I91.821)

**Cell:** A80

**Comment:** Neurological

Suggested ICD-9 Codes

332.0, 333.4, 335.20, 340

Suggested ICD-10 Codes

Diseases of the nervous system (G00.0-G35)

**Cell:** A85

**Comment:** Number of admissions and deaths by location

Report the total number of patients who were admitted by location and the total number of patients who died during the year in the applicable location category.

**Cell:** A87

**Comment:** Home

Private residence of either the patient or the caregiver.

**Cell:** A88

**Comment:** Nursing Facility

A licensed facility providing nursing and supportive services (may be the equivalent of either a Skilled Nursing Facility or Intermediate Care Facility).

**Cell:** A89

**Comment:** Hospital

An acute care facility not operated by the hospice (may be a floating or scattered bed contract).

**Cell:** A90

**Comment:** Hospice Inpatient Facility

A facility operated by a hospice in which inpatient and/or residential care is provided and/or residence operated entirely by a hospice.

**Cell:** A91

**Comment:** Residential Care Facility:

A facility not run by the hospice that meets state regulations and is licensed by the state as a residential care facility or group home.

**Cell:** A92

**Comment:** Assisted Living Facility:

A facility not run by the hospice that meets state regulations and is licensed by the state as an assisted living facility.

**Cell:** A98

**Comment:** Disposition upon discharge

Report the total number of patients who were discharged in the appropriate category.